



Elective Instruction Review Application

Name: (last, first, middle initial)		MELMS Identification Number:	
Address:		Telephone No:	
Organization/Division:			
Date Entered CPM Program:	CPM Level Completed:	Level to be Credited: I-III ____ IV - VI ____	Date of Request:

Please attach supporting documents including program agenda/course content and proof of attendance.

Name of Course Attended: _____

Date of Course Attended: _____

Sponsored by: _____

Length of Course: (Actual classroom Hrs.) _____

Brief Description of Course Objectives: _____

Number of Elective Hours Approved: _____
Hours Reviewer Date

Disapproved: ____ Over 2 years ____ Not Mgt. Related ____ 30 Hrs. Completed

Mail to: Office of Workforce Development, Mississippi State Personnel Board
210 E. Capitol St., Suite 350, Jackson, MS 39201

Fax to: (601) 359-2717